Communication of the Behavioral Health Carve-In

In the 2007 re-procurement of the Hoosier Healthwise Managed Care Organizations (MCOs), the Office of Medicaid Policy and Planning (OMPP) will be requiring the MCOs to provide and pay claims for all Hoosier Healthwise behavioral health services except for Medicaid Rehabilitation Option (MRO) services.

The Hoosier Healthwise population consists of children, pregnant women, and low-income families. These members qualify for Medicaid based on income rather than disability and it is assumed that women and children enrolled in Hoosier Healthwise are free from serious mental illness and other chronic medical conditions that would qualify them for Medicaid Disability.

The current Hoosier Healthwise program "carves" behavioral health services out of managed care. This means that while MCOs reimburse providers for all physical health care, prescription medications, and inpatient hospitalization, mental health providers bill their claims to the Medicaid fiscal agent. This results in fragmentation and a lack of continuity and coordination between patients' physical and mental health care. Despite the MCOs paying for mental health medications, they do not receive record of the mental health treatment the patient is receiving. Carving behavioral health services into the managed care organizations communicates the connectivity of mental and physical health. In so doing, there is a reduction of the stigma for pursuing and receiving mental health services and promoting recognition of these services at the same level of concern as other medical services.

Goals for the Transition and Implementation of the Behavioral Health Carve-in

1. **There will be no disruption of current/pre-carve-in medication regimes.**

    - The pharmacy benefit will not change due to the carve-in. Presently, Hoosier Healthwise members obtain all medications through their MCO. HEA 1325-2005 created a Mental Health Quality Advisory Committee to standardize authorization requirements for mental health medications for fee-for-service Medicaid and the MCOs.
    - The MCO is required to have a process for appealing restrictions of needed medication. Currently, requests for medications that are not on the formulary are reviewed by the MCO for medical necessity. This team includes representation by a Psychiatrist.
    - Monitoring of the consistency of prescribing practices for behavioral health will be monitored through the Mental Health Quality Advisory Committee.

2. **There will be access to any medically necessary Behavioral Healthcare**

- The MCOs are required, by contract, to provide medically necessary treatment. If they are not providing care, they are out-of-compliance with their contract.
- The RFP requires MCO's to have Behavioral Health Care Managers to oversee the more complex cases, ensuring medically necessary services are provided.
- The RFP will require the MCO's to implement the use of the CANS as a universal tool to assist with service and level of care determination. This tool is currently endorsed by DMHA.
- The carve-in may actually increase consultation with and referrals to mental health providers due to the contractual partnerships that have been encouraged.
- Participants who require intensive, ongoing behavioral health services for chronic conditions will be considered for transfer to Medicaid Disability to ensure appropriate eligibility and levels of service need are met.

3. **Access to Emergency Services will not be adversely impacted**

   - Hospitals are required by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to screen everyone that comes to the emergency room regardless of ability to pay . MCOs are required by the federal managed care rules to pay for all emergency services that meet the "prudent lay person standard".
   - MCOs are encouraged to contract with CMHCs to provide behavioral health services. All CMHCs are required to have crisis services available to Consumers.

4. **Children will have access to Behavioral Health specialists for diagnosis and treatment and this care will be coordinated and shared with Primary Care Physicians.**

   - Hoosier Healthwise participants can self-refer to behavioral health services with in the MCO network.
   - The primary medical provider (PMP) may serve as the first contact, but if he or she cannot treat the member, the member will be referred to a specialist. The benefit is that the PMP will be able to track the referral, know the patient's behavioral health treatment plan, and can work with the mental health practitioner to ensure compliance and coordination with the member's physical health care.
   - MCO's are encouraged to contract with CMHCs who have the expertise providing care for behavior health disorders of varying severity and impairment. Formal contracts may actually lead to increased referrals to mental health providers.
   - OMPP acknowledges that the Hoosier Healthwise Managed Care Organizations are designed to care for healthy, low-income individuals. Participants who meet criteria for SED and SMI may request a review

from their local DFR for eligibility and enrollment in Disability Medicaid to ensure they have access to needed services. During this eligibility review, these members will have full access to their MRO services without requiring an authorization from their MCO.

- As Participants reach recovery, they will be able to maintain needed medications through their PMP without dependence on a second set of appointments with a specialist. The PMP will already be informed of the course of care, making this transition seamless. There is a great advantage to children and families to have this link in place.
- The MCOs will be required to adhere to IC 12-15-12-9 and allow members to obtain care from any Medicaid-enrolled psychiatrist through self-referral.

5. **Efforts will be made to decrease the possibility Consumers will have to change providers.**

    - Contracts between MCOs and CMHC are being encouraged as the CMHCs have been the primary provider of behavioral health services in most communities. Members will be educated on the entire provider network of MCOs in their region, including the behavioral health providers. If their mental health provider is in only one, the member can select the plan in which their provider is enrolled.
    - If the current behavioral health provider is not a part of any Hoosier Healthwise HMO, the member will have to work with his or her primary medical provider to determine if an out-of-network referral is medically necessary.
    - The new regions that MCOs will bid on and be required to provide all covered services are smaller, which fosters care in the local community.
    - MCOs and Providers can contract across regions, not just within regions.

6. **Needed inpatient services will be available and this information will be available to PMPs.**

    - The MCOs are presently required to pay for inpatient behavioral health treatment.
    - Carving behavioral health into managed care will allow them access to the patient's full medical and mental health care history to make medically necessary admissions.
    - The carve-in will allow the MCO to assist in discharge planning. Presently the mental health patient can be discharged from the hospital without follow-up coordination with the PMP or other health providers. Coordinated efforts among all those involved with a Participant's care may lead to decreases in recidivism rates.

7. **Community Mental Health Centers (CMHCs) reimbursement for serving the Hoosier Healthwise population will not be adversely inpacted.**

    - MRO services will remain carved out of Hoosier Healthwise and will be billed to Medicaid FFS.
    - Clinic option billing will be sent directly to the MCO for reimbursement.
    - The carve-in does not decrease the ability to bill for service but changes to whom those services are billed.

8. **Consumers will benefit from the encouraged relationships established between MCOs and Behavioral Health Providers**

    - Data suggest that a mental health consumer benefits from a centralized, coordinated source of care. Coordinating service delivery is the primary aim of this.

9. **Administrative costs related to the changes will be kept to a minimum**

    - There will only be two MCOs per region (except potentially the Marion County region).
    - If a mental health provider contracts with the MCO, it can bill electronically.
    - This is no different than billing multiple versions of private insurance.